



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

5910
ID # 142696

BUSINESS INFORMATION

Type of Business: Massage Parlor	Address of Business: 1147 W. Carson St. Torrance 90502 Business Telephone: 310-320-6188	
DBA (Business Name): LL Health Center	Mailing Address: [REDACTED]	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: Weiner Tao		
Home Address: [REDACTED]		
Home Telephone:	Cell Phone: [REDACTED]	Email address: bobspeedster@live.com
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID# [REDACTED]		Expiration Date: [REDACTED]
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED] Hair Color: [REDACTED] Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: **9/11/15** Applicant's Signature: **[Signature]**

Application taken by: **Tony** Date: **9/11/2015**

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 1147 W CARSON ST, TORRANCE, CA 90502

TELEPHONE: (310) 320-6188

OWNER OF BUSINESS: WEIWEI TAO

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LL HEALTH CENTER

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Hang Fire extinguisher on wall

SIGNATURE: [Signature]

DATE: 10/13/15

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 1147 W CARSON ST, TORRANCE, CA 90502

TELEPHONE: (310) 320-6188

OWNER OF BUSINESS: WEIWEI TAO

UNINCORPORATED
10/28/2015

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LL HEALTH CENTER

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

136- COASIAL CHIES

**PUBLIC HEALTH
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

12/16/15



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **1147 W CARSON ST, TORRANCE, CA 90502**

TELEPHONE: **(310) 320-6188**

OWNER OF BUSINESS: **WEIWEI TAO**

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **LL HEALTH CENTER**

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**SHERIFF FINGERPRINT
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

Approval

SIGNATURE: _____

WWT 536470

DATE: _____

5/13/16

BASIC LICENSE NO. **5910**

DATE **09/14/15**

IDENTIFICATION NUMBER **142696**

9/14

Signed TC 5/13

KBUS

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COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE SECTION
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 109
LOS ANGELES, CALIFORNIA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: ~~365.00~~

TELEPHONE: (213) 974-2011

FAX: (213) 633-5427

DATE: April 27, 2015

ID#: 7345-016-024

TYPE OF BUSINESS AND CODE: Massage Parlor

BUSINESS ADDRESS: 1147 W. Carson St.

CITY: Torrance

90502

APN#: 7345-016-024

NAME OF OWNER: WEI WAI TAO

PHONE#: (310) 320-6188

D.B.A./NAME OF BUSINESS: L.L. Health Center

CELL PHONE: [REDACTED]

MAILING ADDRESS: [REDACTED]

E-mail ADDRESS: [REDACTED]

To be completed by Regional Planning

RBUS 201500209

EXISTING USE: New () Renewal ()

PROJECT # 201501199

CELL PHONE #: _____

USE PERMITTED IN ZONE Yes

USE NOT PERMITTED IN ZONE: _____

APPROVED Yes

DENIED: _____

REMARKS: Massage use established b/w in

9-1-09 and 12-31-14 by Income tax

Filings + Insurance Policy @ Listed

Location. This approval @ #1147 only.

Use will require a Conditional Use Permit by January 1, 2020

SIGNATURE: [Signature]

DATE: 9/1/2015

DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, ROOM 1360
HALL OF RECORDS
LOS ANGELES, CALIFORNIA 90012

THIS IS ONLY A BUSINESS LICENSE REFERRAL AND AN APPROVAL DOES NOT CONSTITUTE A BUSINESS LICENSE. YOU MUST RETURN REFERRAL TO THE TREASURER AND TAX COLLECTOR TO CONTINUE THE BUSINESS LICENSE APPLICATION PROCESS. (IF ANY QUESTIONS, PLEASE CALL 213/974-2011)